Approved for use through 12/31/2008; OMB 0651-0035 U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to resp ond to a collection of information unless it displays a valid OMB control number **Application Number** 10/591049 May 5, 2008 **Filing Date POWER OF ATTORNEY** OR First Named Inventor | Jeffrey STROVEL **REVOCATION OF POWER OF ATTORNEY DETERMINING CANCER-LINKED GENES** WITH A NEW POWER OF ATTORNEY AND THERAPEUTIC TARGETS USING Title MOLECULAR CYTOGENETIC METHODS AND Art Unit 1634 CHANGE OF CORRESPONDENCE ADDRESS **Examiner Name** Carla J. Myers Attorney Docket No. 118553-01001 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. t hereby appoint Practitioner(s) associated with the following Customer X Number as my/our attorney(s) or agent(s) to prosecute the application 86738 identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Registration Registration Number Name Name Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: The address associated with Customer Number: 86738 OR Firm or Individual Name Address City Zip State Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Date Sept 2010 Name Caesar J. Belbel 617-527-9933 Telephone Title and Company | Executive Vice President and Chief Legal Officer - Avalon Pharmaceuticals NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of

forms are submitted.